

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Remick
Do not use this space.

MAR 24 1934

1772 / 5683

1. PLACE OF DEATH
 61 County Macon Registration District No. 533
 Township Ten Mile Primary Registration District No. 5716
 City..... (No.....) St..... Ward.....

2. FULL NAME Margaret Bork
 (a) Residence, No..... St..... Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Feb 25, 1934
 I last saw her alive on Feb. 25, 1934. Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance

159

157

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Macon Mo
 (STATE OR COUNTRY)

FATHER

13. NAME Herman Bork

14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Edna Hammoutra

16. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

17. INFORMANT Herman Bork
 (ADDRESS) B A Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Tabor Cem. DATE Feb 26 34

19. UNDERTAKER Albert Skinner
 (ADDRESS) Macon, Mo

20. Maello 1934 Michael Cronin
 Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Marion L. Remick, M.D.
 (Address) Macon Mo

Every name or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 1072
 Township Two Mile Primary Registration District No. 5716
 City (No.) St. Ward)

File No.
 Registered No. 24

2. FULL NAME

Margaret Bork

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Feb. 25, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1934

I last saw her alive on Feb. 25, 1934 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. V
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V
 10. Date deceased last worked at this occupation (month and year) V 11. Total time (years) spent in this occupation

Premature birth Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

13. NAME Herman Bork

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Mo.

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Edna Sabourin

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Herman Bork

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE M.S. Taber Cem. DATE Feb. 26, 1934

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) Albert Skinner

24. Was disease or injury in any way related to occupation of deceased? V

20. FILED Apr 6, 1934 Mrs. Mark White Registrar.

If so, specify (Signed) Minnie L. Purvis, M.D.

(Address) Macon Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 BUREAU OF VITAL STATISTICS
 SUPPLEMENTARY

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